2005

## **IDAHO SUPPLEMENTAL SCHEDULE**

F 39R M TC39R1 5-20-05

For Form 40, Resident Returns Only

For c	alendar year 2005, or fiscal year beginning, ending		
Name(s)	as shown on return	Social Security	Number
	Non-Idaho state and local bond interest and dividends	2 3	00 00 00 00
5. 6.	Other additions. Attach explanation.	- 6	00
	Total additions. Add lines 1 through 6. Enter on line 10, Form 40. <b>ubtractions. See instructions, page 19.</b>	7	00
1. 2. 3. 4.	Idaho net operating loss carryover Idaho net operating loss carryback Idaho net operating loss carryback State income tax refund if included in federal income Interest from U.S. Government obligations Insulation of Idaho residence Alternative energy devices deduction.	1 2 3 4	00 00 00 00
	Year Acquired Type of Device Total Cost Percent		
	a.       2005       \$       X 40% = 5a       0         b.       2004       \$       X 20% = 5b       0         c.       2003       \$       X 20% = 5c       0         d.       2002       \$       X 20% = 5d       0	00 00 00 00 00 00	00
7.	9	6 7 8 9 10	00 00 00 00 00
12. 13.	Adoption expenses	11 12 13 14	00 00 00 00
16. 17. 18.	Idaho lottery winnings, less than \$600 per prize	15 16 17 18	00 00 00 00 00
20. 21.	Bonus depreciation. Attach computations.	20 21 22	00
C. Re	etirement Benefits Deduction. See instructions, page 23, for qualified retirement benefits	) <u>.                                    </u>	
1. 2. 3. 4. 5.	Federal Railroad Retirement benefits received 2 3 Control Security benefits received 3 Control 1 minus lines 2 and 3. If less than zero enter zero 4 Control 1 minus lines 2 and 3. If less than zero enter zero 5 Control 1 minus lines 2 and 3. If less than zero enter zero 6 Control 1 minus lines 2 and 3. If less than zero enter zero 6 Control 1 minus lines 2 and 3. If less than zero enter zero 7 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3. If less than zero enter zero 8 Control 1 minus lines 2 and 3 Contr	00 00 00 00 6	00

Form	39R	(2005)					
TC39R1-2 5-20-05							

Name(s) as shown on return					Social Security Number		
D. Credit for Income Ta	x Paid to Other States	s. See instructions, page	e 23				
<ol> <li>Idaho tax, line 22, Fo</li> <li>Other state's adjuste</li> <li>Idaho adjusted incor</li> <li>Divide line 2 by line 3</li> <li>Multiply line 1 by line</li> </ol>	orm 40 d income ne from line 13, Form 40 B. Enter percentage here. 4. Enter amount here		1 2 3 4	-	income to separate	a copy of th ax return and Form 39R fo te for which claimed.	a or
7. Enter the smaller of l	ines 5 or 6 here and on lir	ne 24. Form 40.			7		00
one-half of his/her s  2. Did you maintain a h provide more than o	upport? You and your spo ome for an immediate fam ne-half of his/her support? S to either question, com	nily member age 65 or older ouse do not qualify	ental disability and	$\square$	Yes Yes	No No	
Name of F First Name	amily Member Last Name	Social Security Number of Family Member	Relationship to Person Filing Return		f Birth of Member	Check he developme disable	ntally
		g member but not more than e claimed if you took \$1,000		4			00

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